V. S. No. 1

County Wills wies.	Registration Dist. No. 337
Village or City Dynalus M. 9	No. St., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Asyrs	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME John Tuy Comalers	DV.
(a) Residence: No. Beinglue Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	
Mare While married	(Month) (Day) (Year)
. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thetal attended deceased fro
(or) WIFE of Cla to A nelesson	Seft 1933 to July 8 1931
DATE OF BIRTH (month, day, and yeer) 71864	I last saw h elive on July 7 , 19 34 death is se
AGE - Yeers Months Deys If LES	The state of the s
- 70 5 1 ldey,	min were stilled at CAOSE OF DEATH and releted causes of importance
8. Trede, profession, or particular	O'gelopephoile: not and
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	by prostatic enlargement
9. Industry or business in which work was done, as SILK MILL,	Condition Durations Care
SAW MILL, BANK, etc	The years.
this occupation (month and 1933 spant in this occupation	57
B. 1 . 11.1	Other Contributory Causes of Importence:
BIRTHPLACE (city or town) (Stete or country)	
13. NAME A North Homer IN	
Jacob Harris	
14. BIRTHPLACE (city or town)	Name of operation
LE MAIDEN NAME X/Q . The	What test confirmed diegnosis? Was there an eu'opsy?
/ Variable Comment	
16. BIRTHPLACE (city or town) - A A Califaction (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
11 6/11 /2011	(Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Bisolve My Date July 10.	19.34 Neture of Injury
11 fail to ball	24. Wes disease or injury In eny wey releted to occupation of deceased?
OUNDERTAKER AND THE CONTROL OF THE C	If so, specify A A A A
0110 2000	(Signed)
FILED July 10, 1934 T. Woolford Wal	Man I La Ma I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the oecupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

OCCUPA-

Exact statement of

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11	1	1	0	0
U	6	7	Ü	0

1. PLACE OF DEATH	
County Leconeco	Registration Dist. No. 337.
Village or City Thile Henen	No. St Ward
M (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thesely James The	llinglan
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
My () SAD Way OR DAYORCED (write theyword)	21. DATE OF DEATH July 3
For 16 married without or diseased	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Corr WIFE of Husband Corr	22. I HEREBY CERTIFY, That I attended decaasad from
(01) MIRE OF Fallel Butteraken	may 16 1934 to July 3 1934
6. DATE OF BIRTH (month, day, and year) June 5, 1863.	I last saw halive on 6/14/ 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.154cm.
7/ 0 78 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Carpenar SAWYER, BOOKKEEPER, etc.	Carcuona of Stomach
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. To Date deceased last worked at this cocuration (month and C. A. A. 11. Total time (years).	
SAW MILL, BANK, etc	
O TeV Date deceased last worked at this occupation (month and 1935) year) 11. Total time (years) spent in this occupation occupation.	
occupation	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Hilliam Duttergham 14. BIRTHPLACE (city or town) (State or country)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME HARRIED Kudson 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Mul Dot la it	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (U.S. Malle Miller of Cox) (Address) The Waren To I.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of lating
Place Taisons Enchyfilletter / 15/34 19	Manner of injury
2/2/100x ON	Nature of Injury
19. UNDERTAKER A LANGE CO.	24. Was disease or injury in any way related to occupation of deceased?
(1 21/10) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If so, specify
20. FILED May 6, 1934 T. Woolford Walter Registrar	(Signed) (Ollows - Harding M. D. (Address) Quelishary)
	2411 N. Charles Street, Ballimore, Requesting U. S. No. A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ogo	
Other contributory causes of importance: Gollstones	May 1,1923	Other contributory causes of importance: Gostroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(42-8)
County Wagner J. 4	Arbitat Registration Dist. No. 333
Village or City Salasbury mel	No. St., /3 Ward
/h .	death occurred in a hospital or institution, give its NAME instead of street and number) 25 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME maggie & Canno	N
(a) Residence: No. Me Fruitfand M	St. / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX Lenale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of we Let Elman Cannon.	22. HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIPTH (month day and year) Fol. 4- 1910	hast saw has alive on All 123 1924; death is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
3 - 9 < 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca
8 Trada profession or particular	were as follows: Oate of onset
8. Trada, profassion, or particular kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc.	(Rul Tens)
9/Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc	
O 10. Date deceased last worked at this occupation (month and year) occupation	4)
12. BIRTHPLACE (city or town) Frustland Wd	Other Contributory Causes of Importance: /fremakage
(Stata or country)	Shroh
13. NAME James Waglet	
13. NAME Times Whight 14. BIRTHPLACE (city or town) Fruitland Wd	Name of oparation Oate of
(State or country)	What test confirmed diagnosis? Church Was there an autopsy?
15. MAIOEN NAME Herretta Christfield	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Surgery to Country (State or country)	Accident, suicide, or homicide?
S-OV. HOD	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT Care writing	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place trullered Date ang 3, 1934	Nature of injury
19. UNDERTAKER Chera Offernell	24. Was diseasa or injury In any way related to occupation of dacaasad?
(Addrass) 5-00 & Church. > 1.	If so, specify
20. FILED July 30, 19. 3. 4 J. Tray Sumle Registrar.	(Signed) M. D. (Address) June 2007
If more blanks are needed, address State Revisionar	2411 N. Charles Street Baltimore Requesting 7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU Y				
Other contributory causes of importance:	-1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA.

Exact statement

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1	à	200	/1	0	11
ŧ	J	1	4	9	U
6.			All.		

:	1. PLACE OF		OI WAIL	- LAND	- 920
	County	100m100			Registration Dist. No. 333
\:		ity. Sharptow dence in city or town where Dorris ME	_	yrsmos	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
1	(a) Residence	ce: No			St., Ward.
-	PERSON		(Usual place		If nonresident give city or town and State
•	SEX	AL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH
3.	Female	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 23, 1934 (Month) (Day) (Year)
5a.	HUSBAND of	ed, or divorced			(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I ettended deceased from
	(or) WIFE of				hun 4 ,1934, to July 23 ,1914
6.	DATE OF BIRTH (month, day, and year)	March 23	, 1918	/ last saw h a alive on July /21 , 19 34; death is said
7.	AGE Year		Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	9. Industry or 1	ssion, or particular ork dona, as SPINNER, BOOKKEEPER, etcbusiness in which done, as SILK MILL, L, BANK, etc	chool Gi	rl	My carelety - hull Date of onest
000	10. Data decease	ed last worked at pation (month end	11. Total to	ime (years) nt in this upation	
12	. BIRTHPLACE (cit) 01 (0111)	land		Other Contributory Causes of importance:
ER	13. NAME Le	evin B.Coll	ins		
FATHER	14. BIRTHPLACE (Stata or	(city or town)	laware		Name of operation Date of What tast confirmed diagnosis? Wes there en autopsy? The confirmed diagnosis?
ER	15. MAIDEN NA	MEGeorganna	Bounds		23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (State or	(city or town)I.d., country)			Accident, suicide, or homicide?
17.	. INFORMANT	evin B.Coll Sharptown			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18		ion, or removal	Date	Ω£,197. <u>£</u>	Manner of injury
19		.D.Gravenon Sharptown			24. Was disease or injury in eny way related to occupation of deceased?
20	FILED July	24,1934		Registrar.	(Signed) Albert M. D. (Address) Asserting Long
	V	If mor	e blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
to another of Assets				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07491
1. PLACE OF DEATH	97)
County Wiernies!	Registration Dist. No. 333
Village or City Salishurg md.	
/S (II	death occurred in a hospital or iostitutioo, give its NAME instead of street and gumber)
Length of residence in city or town where death occurred/yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clyric Lastilla.	
(a) Residence: No. Delsurare St. Salisbu (Usual place of abode)	MSt., 9 Ward. ff nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH July 2/2t 193.3 8
58. If marriad, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of Charles Aasheelds	22. HEREBY CERTIFY, That I attanded daceased from
1862 ()	19.3 4, to //2/ , 19.3 ×
6. DATE OF BIRTH (month, day, and year) 7. AGE A years Months Days If LESS than	Hast saw him alive on 1934; death is said
1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, House under SAWYER, BOOKKEEPER, etc.	04:00
kind of work done, as SPINNER, Aswers BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL. SAW MILL, BANK, atc. 10. Data decaased last worked at this occupation (month and the company of	Certerio Belesones
9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Data decaased last worked at this occupation (month and year) spant in this year) occupation.	
	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) Solladay (Stata or country)	
	Dangree of tal
13. NAME Jacob Bell.	
14. BIRTH LACE (city or town) Achiestacy (Stata or country)	Nama of operation People Data of
	What tast confirmed diagnosis? Officer. Was there an autopsy?
15. MAIDEN NAME Charlotte Byed.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Solicitude	Accident, suicida, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Caland I labelled (Address) Balis Oliver MAY	Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
Place Konkousking teen Date July 23rd, 1934	Nature of injury
19. UNDERTAKER Van Boward Weller	24. Was disease or injury in any way related to occupation of deceased?
0.0000	If so, specify
20. FILED July 4, 1934 D. May Jume Registrar.	(Signed) (Classification M. D. (Address) Dallabury 2006
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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15. MAIDEN NAME

18. BURIAL, CREMATION, OR

19. UNDERTAKER

(Address)

16. BIRTHPLACE (city or town) (State or country)

REMOVAL

certificate. properly

RECORD.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred__ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. I HEBEBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months LESS than to have occurred on the date stated above, at. I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ IO. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation ____ 12. BIRTHPLACE (city or town). (State or country) FATHER I3. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis?_____ Was there an aulopsy?____

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_____ 19____

Where did injury occur?..... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Address)

If more blanks are needed, address State Registrar, 2418 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago BUREALL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
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9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.____

10. Date dacaased last worked at this occupation (month and

12. BIRTHPLACE (city or town) (Stata or country)

15. MAIDEN NAME

19. UNDERTAKER

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16. BIRTHPLACE (city or town) (State or country)

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mation should be carefully supplied CAUSE OF DEATH in plain terms,

TION is very important.

1. PLACE OF DEATH	
County Lumie	Registration Dist. No. 33
Village or City Salishung	No. 110 Think st a
Length of residence in city or town where death occurred to yrs with	If death occurred in a hospital of institution, give its NAME instead of street and number on the last of the last
7	augherly
(a) Residence: No. 110 Night St. Salishi (Usual place of abode)	MSt., 9 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color OR RACE OR DIVORCED (write the word) Skidames	21. DATE OF DEATH Month) Month) Output Month) Month)
5a. If marriad, widowad, or divorced HUSBAND of Corn WIFE of Cana q. Venable?	22. I HEREBY CERTIFY. That I attended decases
6. DATE OF BIRTH (month, day, and year) Dec. 3, 1848.	I last saw her aliva on July 16 th 1938 death
7. AGE Yaars Months Days If LESS than I day,hrs	ware as follows.
R Treda, profassion, or particular kind of work done as SPINNER. Accountant	arterio Oclarones

11. Total time (years)
spant in this

STATE OF MARYLAND—CERTIFICATE OF DEATH

latad causes of Importance Date of onsat arterio Ocheroses What tast confirmed diagnosis?. 23. If death was due to external causes (VIOLENCE) fill in also the following: Where did injury occur?_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disaasa or injury in any way related to occupation of daceased (Signad)

(Year)

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If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE

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Evennle II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V. S. J.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA
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V. S. No. 1

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)	RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
	S IS A PERMANENT	stated EXACTL	properly classified.	certificate.
	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ifem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 04494
1. PLACE OF DEATH	(s)
County Wishness	Registration Dist. No. 333
Village or City Lal shure	No. Sen yen Hospital St. 13 Ward
	No. 11 Ward Ward of institution, give its NAME instead of street and number)
	os
2. FULL NAME James	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
thate state . OR DIVORCED (wire the word)	July 6 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEBEBY CERTIFY. That I attended deceased from
11.1.1.00	1934, to 1, 6 , 1934
6. DATE OF BIRTH (month, day, and yaer) 7. AGE Years Months Days If LESS than	I last saw h
) // 1 dey,hrs	to have occurred on the date stated above, et
8. Trede, profession, or particular	were es follows: Deta of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still from Sulant
9. Industry or business in which	The state of the s
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
- I shall till till 2	
yaar) occupation	Other Coutributary Causes of Importance;
tz. BIRTHPLACE (city or town) Sauphury	
(Steta or country)	- Julium
13. NAME Thomas Davies 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Tessie Hartuses 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
ne Il Die or	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury
Place Et. Cauls (essale July 17,193'	Nature of Injury
Quil. Backer	24. Was disease or injury in any way related to occupation of deceesed?
19. UNDERTAKER (Address) (Surfrier, Surf.	If so, spacify
or weller 12,34 Vr. May linne	(Signed) Colleges of Frisher, M.D.
20. FILED MILY 19 Registrar.	(Address) Dalisbury Ind
If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforupplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

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mation should be carefully supplied.

N. B.-WRITE PLAINLY, WITH

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1 1	6	13	1 0	7	
U	-	T	0	9	1

1. PLACE OF DEATH	59)
County Theomico	Registration Dist, No. 333
Village or City Salisbury	No. 203 Maryland avor 9 Ward
	death occurred in a horpital or institution five its NAME instead of street and number) ds. How long in U.S. If of breign birth? yrs. mos. ds.
2. FULL NAME Urial W Dicker	son.
(a) Residence: No. 203 Maryland, (Usual place of abode)	Cost. C. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Married	(Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of	(Monthy) (Day) (Yeer)
(or) WIFE of Mary P. Wicherson	22. I HEREBY CERTIFY, Thet I ettended deceased from
1-12-1181851	1977, to July 19, 1934
6. DATE OF BIRTH (month, day, and yeer) March 8, 1934 7. AGE Yeers Months Days If I.F.S.S. then	I last saw h elive on
7. AGE Yeers Months Days If LESS then 1 day,hrs.	to heve occurred on the date steted above, et 7:20 f.m.
80 4 // ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8 Trede, profession, or particular kind of work done, as SPINNER, Lumber Murchant SAWYER, BOOKKEPER, etc	Chronic subustitud replisto
SAWYER, BOOKKEEPER, etc. Jumber Humanu 9, Industry or business in which	with diabetis -
SAWYER, BOOKKEEPER, etc. Jumber Merchant 9. Industry or business in which work wes done, as SPINNER, Jumber Merchant 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et 11. Totel time (severs) 11. Totel time (severs)	
10. Date decessed lest worked et 11. Totel time (yeers)	
o this occupation (month and Don't beau spent in this occupation what have	
12. BIRTHPLACE (city or town) Hear Inow Hell.	Other Cantributary Causes of importence:
(State or country) maryland.	- Lasanson Manuel Sal
13. NAME (James Diahersa)	
14. BIRTHPLACE (city or town) Hear Gumboro	Name of a sadden
(Stete or country)	Neme of operation
15. MAIDEN NAME Dath Garage	Whet test confirmed diagnosis? Was there en eulopsy?
16. BIRTHPLACE (city or town) Lond Brown,	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
7n . 50 . 1	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mary P. Dickerson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 203 Mary land Clave, Laboratory)	
Place Larsons and Date July 21, 1934	Manner of injury
077 11'00 . 0. 1	Nature of Injury
19. UNDERTAKER he fill of tolmen Oo.	24. Wes disease or injury in any wey releted to occupation of deceased?
(Address) Salssbury, and.	If so, specify
20. FILED July 21, 1034 It May Junes	(Signed) M. D.
Registrar.	(Address) Sulphing Mid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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Example I	- H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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1		CERTIFICATE OF DEATH	490
1	L. PLACE OF DEATH '	(3)	220
	County Willouis	Registration Dist. No	3,33
1	Village or City Skuttland	NoSt.,_ death occurred in a hospital or institution, give its NAME instead of street and r	6 Ward
		ds. How long in U.S. if of foreign birth?yrsme	
2	2. FULL NAME Mary Change El	lis.	
	(a) Residence: No. Fralitand, Ind	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
G	SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wylic tha word)	21. DATE OF DEATH / 3	, 193 (Yeer)
5a.	If married, widowed, or divorced HUSBAND of		(1661)
	(or) WIFE of see cles	22. HEREBY CERTIFY, Thet I attended	deceased from
. 1	J. 1845	Hardeawh & alive on 11 13 102	, 19.2.9
	DATE OF BIRTH (month, dey, and year) AGE Yaars Months Days If LESS than	to have occurred on the dete stelled above at 23 m	; death is said
	QQ 4- 11 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence	
7	8. Trade, profession, or particular kind of work dona, es SPINNER,	wera es follows:	Date of onset
2	kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	acuto Valor Near	1934
CUPATION	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Chr. Int. raphita	1932
Ö	10. Date dacaesed lest worked at this occupation (month and year)	/	
12.	BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of importance:	
~	(State or country)	Ullew - Peleron	1930
HER	13. NAME Judal West.		
FAT	14. BIRTHPLACE (city or town). Maryland	Nama of oparation Date of	
- 1	(Steta or country)	Whet test confirmed diagnosis? Was there an a	utopsy?
HER	15. MAIDEN NAME / Janey Junions	23. If death wes due to externel causas (VIOL ENCE) fill in also the following	•
MOT	16. BIRTHPLACE (city or town) Wasylund (Stete or country)	Accidant, suicide, or homicide? Dete of Injury	, 19
	(State of Country)	Where did injury occur?	e)
17.	INFORMANT / W Jumas Carrell (Address)	Spacify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLA	ICE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Evergreen ergate July 16, 1934	Nature of injury	
19.	UNDERTAKER J. W. Burb Dge	24. Wes disease or injury in any wey related to occupation of deceased?	
	(Address) (Serlin, Pul.	if so, spacify	
20.	FILED JULY 1519 7 & May Murse Progistrar.	(Signed) Spinled (Address)	M, D.
	If more blanks are field allow State Prince	N. Cl. J. C D. L. D. C C	

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Example I	H	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Devs

11. Total time (yeers) spent in this

if LESS than 1 day, hrs.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Rouesting C. B. Ko. S.

or____min.

6. DATE OF BIRTH (month, dev. and year) akil 21,1902

Months

STATE OF MARYLAND—CERTIFICATE OF DEATH

/ Reg	gistration Dist. N	10.	00
Nord 26 San eath occurred in a hospital or institution, give	storise	m St., 13	Ward
eath occurred in a hospital of institution, give ds. How long In U.S. if of foreign	e its NAME instead	d of street and nu	mber)
ds. How long In U.S. if of foreign	i birtiiry	rsmos	05.
~~~~~~~~~~			
St., Ward.			
	nonresident give cit;		tate
MEDICAL CERTII	PICATE OF	DEATH	
ZI. DATE OF DEATH	July	22	193 🛠
(Mont	th) (0	Day)	(Year)
22. I HEREBY CE	RTIFY, The	at i attended de	eceesed from
april 29,1938	1, 10 Jul	422	., 19.3%
i last saw h. Are. alive on Ju	ly 21'	19.5 %;	death is said
to have occurred on the dete steted above,	, et 8 - a m		
The PRINCIPAL CAUSE OF DEATH and r	eleted causos of im	portance	
1,0			Date of enset
ulmonary	tutul	ulose	62
Vulmmay			aco
/			····);······
Other Contributory Causes of importance:			mai
Neme of operation	************		
		Date of	
What test confirmed diagnosis?			opsy?
23. If death was due to external causes (VIC	The second second		
Accident, suicide, or homicide?	Date of	injury	, 19
Where did injury occur?(Spe Specify whether injury occurred in INDUS	cify city or town, c	ounty and State)	
Spectry whether injury occurred in INDUS	TRY, in HOME, or	In PUBLIC PLAC	E.
Manner of Injury			
Nature of injury			
24. Wes diseese or injury in eny way relete	d to occuration of	dans-12	Ko
If so, specify	ed to occupation of	deceased (/	.V.W
	10 11	out.	en/MD
(Signed) Market	ruculos	indan	lorus

1 1 1

OCCUPA-PERMANENT RECORD. Every item of inforshould Jo PHYSICIANS statement Exact classified XA B certificate. properly UNFADING INK-THIS it may plnods no se that instructions supplied. in plain terms, mation should be carefully very important. CAUSE OF DEATH -WRITE TION is

state

1. PLACE OF DEATH

(or) WIFE of

32

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc......

10. Oete deceased lest worked at this occupation (month and

14. BIRTHPLACE (city or town) (Stete or country)

16. BIRTHPLACE (city or town). (State or country)

12. BIRTHPLACE (city or town). (State or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT (Address)

19. UNOERTAKER (Address)

7. AGE

OCCUPATION

FATHER

MOTHER

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhagė	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

ADDITIONAL SPACE FO	FURTHER STATEMENTS	BY PHYSICIAN
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stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07498
1. PLACE OF DEATH	
County Wicomico	Registration Dist. No. 333
0 :	
Village or City Tenunsula General Hos	chital Salishury Mary land St., B Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution reve its NAME instead of speet and number)  3. ds. How long in U.S. If of foreign birth?
2. FULL NAME Owen Fraker.	
(a) Residence: No. Lamperanceurlle Va.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male Colored married (write tha word)	(Mouth) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	(lagi) (lagi)
HUSBAND OF Grange Takens	22. I HEREBY CERTIFY, That I attanded decessed from
The state of the s	7-23 1934 to 7-26-34 19
6. DATE OF BIRTH (month, dey, and year) Down Brown	1 last saw have alive on 7-26-34 19 ; death is said
7. AGE Years   Months Days If LESS than	to heve occurred on the data stated abova, at
Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wase) as follows:
8. Trada, profession, or particular	General Lestinatos Date of onest
kind of work done, es SPINNER, Former, SAWYER, BOOKKEEPER, etc.	(1)
A. Industry or business in which	
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc.  10. Date decassad last worked et this occupation (month and	
10. Date decaasad last worked et this occupetion (month and yaar)	
C P	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	frehumany althum
(State or country)	
13. NAME Januar Justa	
13. NAME Samuel Fish.  14. BIRTHPLACE (city or town)	Name of operation of the land of Data of
(State of Country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Clarsey? 16. BIRTHPLACE (city or town)	23. If death wes due to axternal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Whare did injury occur?
Tichen Ting : Fish	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CASE CASE CASE CASE CASE CASE CASE CASE	8.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placetemperanewill Page Vuly 29-1934	Nature of injury
0001111	
19. UNDERTAKER / 2 Money	24. Was disease or injury in any way related to occupation of decaesed?
(Address) (Iccomes C	If so, specify
20. FILED July -1, 19 34 Dr. May Junes	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.-The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ogo
1001			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor
A CONTRACTOR OF THE PARTY OF TH			

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32	
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 07499
1. PLACE OF DEATH	(1)
County Wiconico	Registration Dist. No. 33/
2 -	
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	ds. How long In U.S. if of foreign blrlb?yrsmosds.
2. FULL NAMEHI rancis Gale	
(a) Residence: No. Quantila and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
Sa. If married, widowed, or divorced	(month) (bay) (leat)
HUSBAND of James Doshield	22. I HEREBY CERTIFY, That I attanded deceased from
1886	1934, to Let 3, 1934
6. DATE OF BIRTH (month, day, end year)	I last saw h  elive on  , 19 4 ; death is said
7. AGE Alexer Months Days If LESS than 1 day, hr.	to have occurred on the data stated above, at
48 ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of the little way the
	- Caramina of the maring and
9. Industry of business in which work was done, as SLIK MILL,  SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month and year) 19.34	
IS DIDTURE ACT (Shows home)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
W 13. NAME Ges Gale	
14. BIRTHPLACE (city or town) Quantity	Name of oparation Date of
(State or country)	What tast confirmed diegnosis? Churcal Was there an au'opsy? Mo
15. MAIDEN NAME Kranlis Landy	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Francis Today  16. BIRTHPLACE (city or town) Quantify  (State or country)	Accident, suicide, or homlcide?
(Stete or country)	Where did injury occur?
17. INFORMANT Sadie Dashelld (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Quantiles beand Date July 13, 1933	
19. UNDERTAKER Joseph Stewart	24. Wes disease or Injury In any way related to occupation of daceased?
20. FILED July 13 , 1924 mind M Walls	(Signed) Galastury Ma
	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
REIRIAL	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07500
1. PLACE OF DEATH	(82·a)
County Isrcomige	Registration Dist. No. 337
Village or City Head of Crelle	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Isaac I Sales	
(a) Residence: No. Truskin Mil	St., Ward,
(Usual place of abothe)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowad, or divorced	(month) (bay) (rear)
HUSBAND OF SO AS MAN DIESO,	22. O HEREBY CERTIFY. That attended deceased from
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	July 2 ,193 4, 10 July 5 ,19 34
6. DATE OF BIRTH (month, day, and year) Completed 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Mast saw here alive on grady; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 Tmin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(Diane)
9. Industry or business in which	( ) Storward (
work was done, as SILK MILL, SAW MILL, BANK, etc	Millita
10. Date daceasad last worked at this occupation (month and spant in this occupation)	
this occupation (month and year) spant in this occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Treasteins	Her has Tomas -
(State or country)	
13. NAME I save Fales	apople, 1933.c
13. NAME Saas Gales 14. BIRTHPLACE (city or town) - Jepasking	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Cleggy Handy	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
5 16, BIRTHPLACE (city or town) ( ) MASSINGLE	Accident, suicide, or homicide? Oate of injury19
≤ (State or country)	Whare did Injury occur?
17. INFORMANT Same Salgs (Address)	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place hysistem Date July 8 ,1934	Nature of injury
19. UNDERTAKER MILES WELL & Sooza	24. Was disease or injury in any way ralated to occupation of decaased?
(Addrass)	If so, spacify
20 FILED rely 8 1934 P. Woolford Walter	(Signed) Ollan dield M. D.
Registrar.	(Address) Martinks in

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SI	PACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor- state UPA-		CERTIFICATE OF DEATH 0750
item of should of OCC	1. PLACE OF DEATH  County Hiernew  Village or City Salisland  (16)	No. Leaval Jenual Hospital St., 13 death occurred in a horpital or institution, give its NAME instead of street and number)
RECORD, Every PHYSICIANS Exact statement	2. FULL NAME  (a) Residence: No.  (a) Residence: No.  (b) Columbia (Usual place of abode)	Jiba
PI act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OR RACE OR DAVORCED (write the word)  The second of the	21. DATE OF DEATH July /0 ,193 / (Ye (Ye)
RMANEN X A C T I classified	58. If married, widowed of divorced HUSBAND of (or) WIFE of Markly P. Gill	28. I HEREBY CERTIFY, That I attended deceases the state of the state
A PEI ted E perly ificate.	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 15 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
HIS IS be sta be pro of cert	No Irade, profession, or particular kind of work done, as SPINNER, Gubege Renover SAWYER, BOOKKEEPER, etc.	Checamora Bam Date of Frank
Should t it may on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Duration; inknown! Cart & 1984
	this occupation (month and 1930 spent in this 70418)  12. BIRTHPLACE (city or town)	Other Contributory Canoes of importanca:
UNFADING upplied. AGI terms, so that instructions	(State or country) Ougenia  13. NAME John Gill	
sul sul in t	14. BIRTHPLACE (city or town)   Traging	Name of operation was a further Date of 193 What test confirmed diagnosis? Luciones to Was there an autopsy?
INLY, WITH be carefully EATH in plai	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the jollowing:  Accidant, suicide, or homicide?
INI be EAT imp	17. INFORMANT Meg. Perpert Sairly (Address)	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
WRITE PLA nation should AUSE OF D	18. BURIAL, CREMATION, OR REMOVAL Place Laure Cenetry Date 7/11/34, 19	Manner of Injury
B.—WRIT mation CAUSI	19. UNDERTAKER The Hella John G. (Address) Lalia Lufy M.	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  Climately
z ()	20. FILED July 1, 1937 & May June	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

______yrs._____mos._____ds.

FY. That I attended deceased from

-- Was there an autopsy?

Date of onset

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	Mam (59)
County Vicomico	Registration Dist. No. 333
Village or City Salishing Md	No. 1 Stresate St. 12 War
(II	f death occurred in a hospital or institution, give its NAME instead of street and number)
ength of residence in city or town where death occupadyrsmos	7
2. FULL NAME DAY 17 MACCE 2)	carries
(a) Residence: No. (Usual place of abode)	St., Brard. Tahay Mg.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
smale White OR DIVORCED (write the word)	July 14 4 193 4
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CEPTIFY, That I attended deceased from
1 14 1624	19,37, 10
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than	l last saw h. ex aliva on 1927; death is sai
7. AGE Years Months Oays If LESS than 1 day, 7hrs.	to have occurred on the date stated above, at A. F.m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest workad at this occupation (ment) and	D D
9, Industry or business in which	Trevalene forth
work was done, as SILK MILL, SAW MILL, BANK, etc	
Spell ( In this	
yaar) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Robert / Chamber	
T STATE OF THE STA	
14. BIRTHPLACE Cory or town?	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy?
E n b	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
M10 80: 1 1910 A	Where did injury occur? (Specify city or town, county and State)
(Addrass) 211. F. Freut at Sales	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place access Cens. Date tely [ la, 1922	Nature of injury
19. UNDERTAKER Holloway + 1/6.	24. Was disease or injury in any way ralated to occupation of decaased?
(Addiess) Sale I gnd	If so, specify
20. FILED Liely 161934 V. May hume	(Signed) Ame A Man
Registrar.	(Address) Darishy my-
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA.

Exact statement

	R		图
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. B.
FOR	IS A 1	stated	proper
g	HIS	be	pe
EKVE	IK-TI	plnods	t may
KES	NG IN	AGE :	that i
3	IDI	71	, S0
AKG	UNF	upplie	terms
	VITH	ully s	plain
	-	ref	H in
2	AINLY	ld be ca	DEATH
	PI	hou	OF
	WRITE	ation s	AUSE
	1	=	0

N. B.-WRITE PLA mation should

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	07303
County Wicomico	Registration Dist. No. 33/
Village or City Tole by and	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
0 0 11	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John William	Vackson
(a) Residence: No (Usual place of abode)	Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colour OR DIVORCED (write the word)	July 3, 193 4
5a. If marriad, widowad, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
1862 100	July 7 1934 to Well 4 1934
6. DATE OF BIRTH (month, day, and yaar)  7. AGE Yaars Months Days If LESS than	I last saw h. Audaliva on 19 39; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at 2.30 m.  The PRINCIPAL CAUSE OF DEATH and related causas of importance
Trada, profassion, or particular	wera as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	6.40 = 140
9. Industry or business in which	Cultol Henonlage.
work was dona, as SILK MILL, datorer.	
10. Date dacaased last workad at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importanca;
12. BIRTHPLACE (city or town)	
(Stata or country) Maryland.	
13. NAME Willister	
4 14, BIRTHPLACE (city or town)	Name of oparation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UULSVOOR	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
SO Po	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CLEAR & LUNGWELL (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, ON DEMOVAL	Manage of Indian
Placa St. Caula Data July 9, 1934	Manner of injury
The Party of the P	
19. UNDERTAKER (Addiass) Boston	24. Was disaasa or injury In eny way ralatad to occupation of decaasad?
men but 8 my man & m 11hold	(Signad) William Em not M.D.
20. FILED JULY 0, 1934 THUS X / MUCHELLE Registrar.	(Addrass) Helsen-no.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1934	1 5		
Other contributory causes of importance:	(1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

ARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

Date of onset

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Example 1	71	Example II	
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The Ruse of the Ru			
		4,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Micomico	Registration Dist. No. 33.7
Village or City Manticope	No. St., Ward
/ /	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Slorgamia Long	
(a) Residence: No. Marrheistel	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Tunole  Tunole	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of  Areastan Long	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Marille 1883	I last baw h. Cr aliva on 2 2 6 193 F death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stand above, at 10,30m.
5-1 2 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	J. J. Date of officer
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which	Opening Tible
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date dacaased last worked at this occupation (month and the spent in this security is security in this security in this security in this security is security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security is security in the security in this security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in t	Cases andrewla 6191
year) Januf 132 occupation J. A	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Thankson Rig.	
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	
[ I4. BIRTHPLACE (city or town)	Name of operation
	What tast confirmed diagnosis?
15. MAIDEN NAME HISTORIAN 16. BIRTHPLACE (city or town). Manualized (Class or country)	Accidant, sulcide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT AND MANUE THE ME	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Hassice Tex Morate July 7. 19.34	Nature of injury
19. UNDERTAKER I THE LESS HELSES I STORY	24. Was diseasa or injury In any way related to occupation of deceased?
(Addrass) for all end of	If so, specify Darl White
20. FILED uly 9, 1934 VY Woolford Waller Registrat.	(Signed) M, D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		)	ARGIN RESERVED FOR BINDING	चेंद	SERV	T'I	FOL	Id )	NDIN	5	)-				)	
B	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	TTH	UNFADI	NG I	NK-T	HIS	IS A	PE	RMANE	IL	RECOI	RD. E	rery i	tem	of in	for-
7	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ully st	upplied.	AGE	should	be	state	d E	XACT	LY.	PH	YSICI	ANS	shou	s pl	tate
-)	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	plain	terms, so	that	it may	be.	prop	erly	classifie	d. E	xact	staten	nent (	0 Jo	DOO	PA.
	TION is very important. See instructions on back of certificate.	t. See	e instruct	ions	on back	jo :	certifi	cate.						1	1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07508
1. PLACE OF DEATH	9
County My Comila	Registration Dist. No. 333
Village or City Sales loung and	No. R. F. D. St., 9 Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
1, 7 4	
2. FULL NAME Warnela Long	
(a) Residence: No. Advantage of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female a a OR DIVORCED (ravice this word)	July 13 193 4
a. If marriad, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended docaasad from
4/ 6-3	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; daath Is said
7. AGE Years Month Days If LESS than I day,	The PRINCIPAL CALISS OF DEATH and related agrees of importance
or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEFPER, atc.	TOP TOP
SAWYER, BDDKKEEPER, atc	Patrisician fast por
o. Work was dona, as SILK MILL,	attendance of the Suite
O 10. Data deceased last worked at 11. Total time (years)	agingy. held held
this occupation (month and spant in this occupation occupation	Mills of surge to williams
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
W 13. NAME With Longe	
13. NAME Why Longe 14. BIRTHPLACE (city or town) Pubers Once (State or country)	Name of operation Data of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Teals Southman.	23. If death was due to axtarnal causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME Lesh Cottman  16. BIRTHPLACE (city or town) Provides County  (State or county)	Accidant, suicide, or homicide? Data of injury
State or country)	Whara did injury occur?
Mrs 9. 1 Callered	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
17. INFORMANT flat Calman and Rt 60 (Address) Salesbury and Rt 60	openi and many occurred in moderni, in nome, or in route react.
18. BURIAL, CREMATION OR REMOYAL ma	Manner of Injury
Place Pulle Com . Date July 15, 1937	Natura of injury
Jan di Merita	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, spacify A.
0 0 15: 24 July OV	(Signed) X: May would Local Helpe
20. FILED July 1991 Registrar.	(Addrass) Latinsbury, Mid. 12
	2411 N. Charles Street, Ballimore, Requesting T. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example H	
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Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor
		,	

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	OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH Count Comics	0	92-0 Registration Dist. No. 333
Village or City Salishu	my Md,	No. Hallraf an st 5-
Length of residence in city or town where	prath occurredyrs	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Hen	ing Jouth	· (LOUTH)
(a) Residence: No.	(Usual place of abode)	St., Ward. New Costle Sel.  If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July, 1 193 4 (Month) (Day) (Yee
5a. if married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That Jattended deceased
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Lug. 9. 1881	least saw h alive on 15 (1934; death to have occurred on the date stated above, at 2 4 m.
52 10	22 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Jahren	Ching roludar heat?
work wes done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this 15-9	Marie
12. BIRTHPLACE (orly or town) New (State or country)	- Cartle	Other Contributary Causes of importance:
13. NAME Peter 3	Louth	
14. BIRTHPLACE (city or town)		Name of operation Date of
C (State of Country)	Bankel!	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	emany.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT amy 9to (Address) 128. Clay	nort at Marcus	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date July 6. 1934	Manner of injury
19. UNDERTAKED WILLIAM T	And,	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED July 8, 1934	L. May Junes Registrar.	(Signed) A Lucia (Address) (Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago WINDEA! Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

1	L PLACE OF DEATH		100
	County Mccom	NO.	Registration Dist. No. 99
	Village or City Sall	sbury	No. Tensancula General Roskital of death occurred in a hospital or institution, give its NAME instead of street and numb
	Length of residence in city or town where deeth		sds. How long in U.S. if of foreign birth?yrsmos
2	2. FULL NAME PROSA	man I	and a
	(a) Residence: No. Route	# 2 Lalis	Furst. Ward.
_		(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	Remale Ykhite	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH July (Month) (Dey) 193
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of Herbert	V. Lowe	22. 9 I HEREBY CERTIFY, Thet I ettended dece
6 1	DATE OF BIRTH (month, dey, end yeer)	3 1808 1	Tlest saw h elive on 2 / 193 / de
	AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 8:00 P.m
	51 2	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
z	8. Trede, profession, or perticuler	101	were es follows:
음	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	esewife	I nemone Lobar Double 7
JPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Odom	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
OCCUPATION	10. Date deceased lest worked et	11. Total time (yeers)	
0	this occupation (month end 6 / 34	spent in this 35%	3
12.	BIRTHPLACE (city or town)	Salisbury	Other Contributory Causes of importence:
	(State or country) Many	and	
1ER	13. NAME George THE	Tennis)	
FATH	14. BIRTHPLACE (city or town) Putt	wille	Name of operationOete of
-!	(State or country)	arytand	Whet test confirmed diagnosis? Wes there an autop
HER	15. MAIDEN NAME Laura &	Finbrow-	23. if death was due to externel ceuses (VIOLENCE) fill in eiso the following:
MOT	16. BIRTHPLACE (city or town) Man	Mango	Accident, suicide, or homicide? Dete of injury,
_	(State or country)	ryland	Where did injury occur? (Specify city or town, county and State)
	INFORMANT Derbert 1/2 (Address) Route # 2 Sa	listury, md.	Specify whether Injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
かた	BURIAL, CREMATION, OR REMOVA (Park	te July 13, 1934	Manner of injury
19.	UNDERTAKER The Hill of H (Address) Salishon	mson co.	24. Was disease or injury in any way related to occupation of deceased?
20.	FILEO July 13, 19 3 4 D.	May June Registrar.	(Signed) (Address) Lalily My

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	Example I	i	Example II	
The principal cause of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	VICE & SAST	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gostroenteritis	1 year
<del></del>				

should state of OCCUPA-

PHYSICIANS Exact statement

EXACTLY.

stated

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

19. UNOERTAKER

(Address)

mation should be carefully supplied.

N. B.—WRITE PLAINLY, WITH

STATE OF MARYLAND	CERTIFICATE OF DEATH 07510
1. PLACE OF DEATH	(B)
county Wie willes-	Registration Dist. No. 333
Village or City a line June	and some of air of are
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs, mos.	ds. How long in U.S. if of loreign birth? yrs. mos. ds.
2. FULL NAME Baly Was	Say,
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sungle	21. DATE OF DEATH July 2 7 193 4 (Yeer)
Sa. If married, widowad, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	
(-1) 12 1934	Lieutenan h
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last sew h; daath is sald to have occurred on the date stated abova, atm.
1 day, 1hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
or	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Still fam 6/2 mrs
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME H sugard T & anas Was	
14. BIRTHPLACE (city or fown) (Stete or country)	Name of operation Date of :  What test confirmed diegnosis? Was there an eulopsy?
15. MAIDEN NAME SAGRE TO DON PORPO	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Son Sen Hospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I should of at Date July 13, 1934	Neture of injury
J. A. Hospatal 10 mo	7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUMEAU V. S.	9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	STATE OF MARYLAND	CERTIFICATE OF DEATH	7511
	1. PLACE OF DEATH	uch . (131)	
	County fellomily	Registration Dist. No.	33
	Village or City Salesting Mg	No. P. G. Horgetal St., L	3 Ward
Y	Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, are its NAME instead of street and nu	
1	2. FULL NAME AMA Estelle	Kay. a	
	(a) Residence: No.	St. 1 Ward Makemin Park	na
100	(Usual place of abode)	If nonresident give city or town and St	tate
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3	SEX) 4. COLOR OR (ACE S. SINGLE, MARRIED, WIDOWED, OP DIVORCED (write the word)		193. 4
5	a. If marriad, widowed by divorced	(Day)	(Yydr)
-	(or) WIFE of Milliam It. McKay	22. G HEREBY CERTIFY, That 1 attended da	caasad from
6	DATE OF BIRTH (month, day, and year) Dec. 23. 1887	I last saw h alive on 7/6/34	daath is said
7	AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, et 3.03 Pm.	
_	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Data of onsat
NO	8. Trade, profession, or particular kind of work done, as SPINNER, House Work SAWYER, 800KKEEPER, atc.	Carolin renal vassalas	
OCCUPAT			
	Shalle III clil		*******
	1 GPP omse P	Other Cuntributary Causes of Importance:	
1	2. BIRTHPLACE (city or 16 mi) (Stata or country)	- luami	
FATHER	13. NAME Redney Taylor.		
FAT	14. BIRTHPLACE (city or town) flegmae. Co.	Name of operation Data of	
-	(State or country)	What test confirmed diagnosis? Character an auto	opsy?
MOTHER	15. MAIDEN NAME (1) Clea Saylor,	23. If daath was dua to externel causes (VIOLENCE) fill in also the following:	
WO	16. BIRTHPLACE (city or town) CCM Constant Const	Accidant, suicida, or homicide? Date of injury	, 19
	to a Do. har Ha	Where did injury occur? (Specify city or town, county and State)	
1	(Address) Maken Park/va	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε.
1	B. BURIAL, CREMATION, OR REMOVAL PIACE Duly 8-1939	Manner of injury	
-	24.11. 10	Nature of injury	
1	9. UNDERTAKER Y Helman to - (Address) Jakob Maylo	24. Was disaase or injury in any way related to occupation of decaased? If so, spacify	
21	0. FILED July 7, 1034 V. Mify Junes	(Signed) Allen	M. D
Q.	Registrar.  If more blanks are needed, address State Registrar.	(Address)	
	-, viene ne neceta, anaren otate Registrar, 2	14. A. Courses Street, Dattimore, Requesting U. S. No. 1.	

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Example I	Įį.	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 6	1907		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

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20. FILEO.

07512

-	92-00	000
	Registration Dist. No.	333
	No. John B. Passona Morecest, death occurred in a hospital or institution, give its NAME instead of street and n	9 Ward
if os.	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
03.		sds.
1	6)	
يد	e St. Salis Wordy	
	/ If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
-	21. DATE OF DEATH	
		193 5
-	(Month) (Oay)	(Year)
	22. I HEREBY CERTIFY, That I attended d	eceasad from
-	7/17 ,193 4, to //12	19.3 %
	I lest saw harmaliva on 1935	death is said
	to have occurred on the date stated abova, at 19.30cm.	
•	The PRINCIPAL CAUSE OF DEATH end releted causas of Importance wara as follows:	Oate of onset
	Central Heunrhage	
P.		
0.		
	Other Centributery Causes of Importanca:	
	Nama of operation Oate of	
-	What tast confirmed diagnosis? Was there an au	
	23. If deeth wes due to external causas (VIOLENCE) fill in elso the following:	
	Accident, suicide, or homicide? Oate of injury	
	Where did injury occur?	
	(Specify city or town, county and State Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	) CE.
	Mennar of injury	
-	Nature of injury	
	24. Wes disease or injury in any way related to occupation of deceased?	no
	If so, spacify	
,	(Signed) Colons, Frisher	M. 0.
	(Addrass) - Dallabury n	ed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH 07513	
	1. PLACE OF DEATH	James 119	
/ CE S	County Viloniule, Q. 1	Registration Dist. No. 333	
9.2	Village or City Salutary Md,	No. 407 Martin St. 5 Ward	
= 0	Langth of rasidence in city or John where death occurred vrs.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?	
Every CIAN tement	2. FULL NAME Charles H. Mitch	e LA	
9 PMM	(a) Residence: No. 407 - Martin	5 Jell Mil	
	(Usual place of abode)	St., Ward.  If nonresident vive city or town and State	
RECORD . PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Y. Ex	SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wright the word)	21. DATE OF DEATH	
d. d.	Mar I mar single	(Month) (Day) (Year)	
RMANEN X A C T I classified.	5a. If married, widowad, or divorced HUSBAND of	22, /I HEREBY CERTARY That I attended deceased from	
X A X A class	(or) WIFE of	22.   HEREBY CENTIFY. That I attended dacesed from	
	6. DATE OF BIRTH (month, day, and yaer March 8. 1934	I las (say h aliva on ) / 4, 19 3 (death is said	
IS A PE stated E properly certificate	7. AGE Yaars Months Days If LESS then	to have occurred on the dete stated above, at 11.4 m.	
IS A stated proper	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:	
70	8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset	
1	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11 Total time (years)	Mul Mules 1/9/20	
vK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc		
Fred	10. Date deceased last worked at this occupation (month and spent in this		
	year) occupation	Other Coutributory Causes of Importanca;	
So 1	12. BIRTHPLACE (city or town)	Other Countries of Importance.	
24 Y 5	(State or country)	Mainson	
	13. NAME HENRY WELLOW  14. BIRTHPLACE (city or tog) Wellow		
I st	14. BIRTHPLACE (city or toys)	Name of operation Data of	
III Illy pla	(State or country)	What test confirmed diagnosis? Was thara an autopsy?	
9 -H 8	E /////	23. If death wes due to external causes (VIOLENCE) fill In also the following:	
ca TH Poor	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
	Margarte notte	Whare did injury occur? (Specify city or town, county and State)	
	17. INFORMANT (Address) 401 (Markin st. Jalit M)	pecify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury	
	Plece austric em. Dete my / 0 / 1934	Neture of Injury	
-WRIT mation CAUSE TION i	19. UNDERTAKER Hollgroad &	24. Wes disease or injury in any way related to occupation of deceased?	
7	(Address) delady of M. G.	If so, specify	
10	20. FILED July 18:9 134 & May Jurner	(Signed) M. D.	
A	Registrar.	(Addrass) Alsohung My	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1 N. B.—V

County Hospital County Hospita	1. PLACE OF DEATH	CERTIFICATE OF DEATH 177314
Village of City Scales Story 1 Add (If death occurred in a hospital or institution, were in NAME intend of street and number)  Length of residence in city or town where death occurred	Osi.	Registration Diet No. 333
(a) Residence: No. Rain System of the body  PERSONAL AND STATISTICAL PARTICULARS  SEX	Village or City Salis Lung, Ind	No. 303 Capel Quel St., 13 Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. Seature (Uphalplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SIVICE, MARRIED, WIDOWED, OR DVORCED (smire the world)  A. HIDSAND of Worderd (cr) WIFE of C. Married, Particular (cr) WIFE of C.	Length of residence In city or town where death occurred	sds. How long In U.S. if of foreign birth?yrsmosd
4. COLOR OR RACE  OR DIVORCED Cornec the word)  OR DIVORCED Cornec	(a) Residence: No. Raliafung Ind.	
As If married, woloved, or divorced (varieths word)  18. If married, woloved, or divorced (varieths)  18. Date of BIRTH (month, day, and year)  19. 34. In the REB C CRITIFY, That I eltended deceased for Married Variety (variety)  19. ANDE Variety (variety)  19. 34. In the REB C CRITIFY, That I eltended deceased for Married Variety (variety)  19. 34. In the REB C CRITIFY, That I eltended deceased for Married Variety (variety)  19. 34. In the REB C CRITIFY, That I eltended deceased for Married Variety (variety)  19. 34. In the REB C CRITIFY, That I eltended deceased for Married Variety (variety)  19. 34. In the REB C CRITIFY, That I eltended deceased for Married Variety (variety)  19. 34. AGE  19. 34. In the REB C CRITIFY, That I eltended deceased for Married Variety (variety)  19. AGE  19. 34. In the REB C CRITIFY, That I eltended deceased for Married Variety (variety)  19. AGE  20. If HEREB C CRITIFY, That I eltended deceased for Married Variety (variety)  19. AGE  21. Is at saw h alive on Dally 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2. 2. 19. 2.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of C. Mornos  5. DATE OF BIRTH (month, day, and year) John 2/857  1. AGE Years Months Days If LESS than I dayhrs. ormin.  8. Trade, profession, or particular I dayhrs. ormin.  18. Little of work done, as SPINNER I dayhrs. ormin.  19. Little of work done, as SPINNER I dayhrs. ormin.  10. SAWYER, BOOKKEPER, etc	OR DIVORCED (write the word)	July 23 1934
S. DATE OF BIRTH (month, day, and year) John 2 / 85 T    S. DATE OF BIRTH (month, day, and year) John 2 / 85 T    AGE Years Months Days If LESS than I dayhrs.	a. If married, w'dowed, or divorced HUSBAND of	22 LUEDED CEDTLEY TO LUCKY
AGE Yas's Month Dayy If LESS than I last saw har alive on July 19.24. death is set to have occurred on the date stated above, at 2.22 Pm.  The PRINCIPAL CAUSE OF DEATH endrylated causes of Importance were as follows:  SAWYER, BOOKKEEPER, etc.  Industry or business in which say in this occupation (month and year)  10. Date deeseed last worked at this occupation (month and year)  11. Total time (years) span in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME Guton  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. MAIDEN NAME  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place MAIL  SAWAL  Date July 25, 19.24  19. UNDERTAKER  AMORTH OR REMOVAL  Date July 25, 19.24  19. UNDERTAKER  11. State or country in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?  18. Was disease or injury in any way ralated to occupation of deceesed?	(or) WIFE of Morris	
AGE Years Month Days ITLESS than 1 day,	DATE OF RIPTH (month day and year)	0 0 41.0
1 day. Introduction of the Principal Causes of Importance were as follows:  8. Trade, profession, or particular kind of work done as SPINNER  3. Industry or business in which work was done, as SPINNER  4. Industry or business in which work was done, as SPINNER  5. Trade, profession, or particular kind of work done as SPINNER  6. Industry or business in which work was done, as SPINNER  7. Industry or business in which work was done, as SPINNER  8. Trade, profession, or particular were as follows:  9. Industry or business in which work was done, as SPINNER  9. Industry or business in which work was done, as SPINNER  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. Capped and the profession of the professi		- // /
8. Trade, profession, or particular and one of the profession of of the professio		The PRINCIPAL CAUSE OF DEATH end related causes of Importance
Other Contributory Causes of importance:    Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Contributory Causes of importance:   Cont	R Trade profession or particular	Curling of home
Other Coatributory Causes of importance:    Comparison of Country   Other Coatributory Causes of importance:	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Other Coatributory Causes of importance:    Comparison of Country   Other Coatributory Causes of importance:	9. Industry or businass in which work was done, as SILK MILL,	
Other Coatributory Causes of importance:    Comparison of Country   Other Coatributory Causes of importance:	SAW MILL, BANK, atc	-
Other Contributory Causes of Importance:    Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Contributory Causes of Importance:   Cont		
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  28. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  10. FILED  11. BIRTHPLACE (city or town)  (Specify  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  24. Was disease or injury in any way ralated to occupation of deceesed?  16. Signed)  M. M		Other Coatributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  18. BURIAL, CREMATION, OR REMOVAL  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  11. May  11. Mame of operetion  11. Mame of operetion  12. Mame of operetion  14. BIRTHPLACE (city or town)  15. Maide was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town)  17. INFORMANT (Specify city or town, country and State)  18. BURIAL, CREMATION, OR REMOVAL  19. UNDERTAKER  19. UNDERTAK		Mashamon any & Hund oldling
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  (Address)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  BURIAL, CREMATION, OR REMOVAL Place  Date July Date July Place  19. UNDERTAKER  (Addrass)  LUL (Addrass)  LU		
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23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address) (Addr	(State or country)	11
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Date  25, 1934  Nature of injury  9. UNDERTAKER  (Addrass)  Lilina  (Addrass)  Lilina  (Addrass)  Lilina  (Signed)  Manner of Injury  Place  Occupation of deceesed?  Manner of Injury  Nature of injury  Nature of injury  Occupation of deceesed?  Manner of Injury  Nature of injury  Natur	15 MAIDEN NAME	
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Place M. I. Date July 25, 1934  Nature of injury  19. UNDERTAKER Will S. Harry  (Addrass)  (Addrass)  Place M. I. Start S. Start	17. INFORMANT The Company Control (Address) Saliafan Control	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
9. UNDERTAKER Will S. Skarrel (Addrass) Keilman, Gail.  16 so, specify (Signed)  18 M.		
20, FILED July 24,034 & Tray hurses (Signed) July M.	19. UNDERTAKER Will S. Skarul (Addisss) Leilma Gail	24. Was disease or Injury In any way ralated to occupation of deceesed?
	20. FILED July 2419 34 & May June	(Signed) Designation M.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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B

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUBEAU Y. S				
Other contributory causes of importance:		Other contributory causes of importance:	t	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	-CERTIFICATE OF DEATH 07518
1. PLACE OF DEATH	7 1 2
County County	Registration Dist. No. 1300
Village or City	No. Percinala Senest Wal
Length of residence in city or town where death occurredyrs,r	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmos
0 100	- I will to
2. FULL NAME Junes T. St	everson Tholeth
(a) Residence: No. (Usual place of abode)	St., Ward. / Serlin, Worcesler Co., mo If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
half they OR DIVORCED (write the word)	, 193
ia. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That ettended decreesed from
C63	July 19 0193 4 to 19 4 28, 193
AGE Yeers Months Days If LESS than	I lest saw he gelive on 1934; deeth is s
AGE Yeers Months Days If LESS than 1 dey,hi	11 1111 1111 1111 1111 1111 1111 1111 1111
ormin.	were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Infelling dearing pla
9. Industry or business in which	
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked et	
10. Determined determined this occupation (month and spent in this	
year) occupetion	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	
(State or country)	
13. NAME School Stewn  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	Whet test confirmed diegnosis? Wes there an eulopsy?
15. MAIDEN NAME Posic J. hublet	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Rosie J. hublet  16. BIRTHPLACE (city or town)  (State or appeller)	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT LIVE (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OB-REMOVAL	A Menner of Injury
Plece New Moherage Date July 2/19	Neture of Injury
Wan The land the Ol	24. Wes disease or injury in any way releted to occupetion of deceesed?
9. UNDERTAKER XXXIII XXXIII XXIII XX	If so, specify
0 12.24 0 120	(Signed) Devulue M.
0. FILED May 409 & Registrar.	(Address) Rule leves 200
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Example I Example II The principal eause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastrocnteritis 1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(183)
County Wicomico	Registration Dist. No. 337
Village or City Thite Haven est of	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospital of mittation, give is 14/4/1/2. Instead of street and number) ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Lesler L. Varke	
(a) Residence: No. Salista Ly My. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 29 193 4 (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS then 1 day,hrs. ormin.	I last saw h allva on, 19, 19, death is said to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and this procupation (month and spent in this securation than the security of the securation of the secura	Cillulal deal Date of onset
year) occupation occupation 12. BIRTHPLACE (city or fown) Allsbrury	Other Centributory Causes of Importance:
(State or country)    13. NAME	Name of operation
15. MAIDEN NAME Translet Training 16. BIRTHPLACE (city or town) Salightwy (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
17. INFORMANT & RAYMANA PAR PARCELLE	Whare did injury occur?(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Piace Discours Line Date 11/93/, 1939	Manner of injury
19. UNDERTAKER MITCH THE CONSULT SENS	24. Was disease or injury in any way related to occupation of decaasad?  If so, specify
20. FILED July 31, 1934 17 Woolf ood Waltu	(Signed) & Aller Julio M. D.  (Address) Manteurke M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07518
1. PLACE OF DEATH	(F)
County Vicanies.	Registration Dist. No. 332
Village or City near Oittirlle. md.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  3. ds. How long In U.S. if of foreign birth?
2 FULL NAME See Benjamin Corners Para	
(a) Residence: No. Near Sittabille	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed or divorced HUSBAND of (or) WIFE of One of the control of	22. I HEREBY CERTIFY, That I ettended deceased from
0	19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 297 /853 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 2
81 5 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Was Jones daag Date of onset
SAWYER, BOOKKEEPER, etc DASSMERU!	yen blog
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	bleath may trans
	anote treek double a
1 1 0-1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Vacos Villandle (State or country)	Weath due to heart desasse. Type of lesion,
	not known. Had not presionaly lean sick.
14. BIRTHPLACE (city or town) Man Oittaille	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Stermale E. Farlows.	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Stermare & Farlow.  16. BIRTHPLACE (city or town) Near Oillanlly.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS Walton M. White (Address) Patronale M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place lans many gom Date flely 300d, 193 of	Neture of injury
19. UNDERTAKER Wine Housand Weller (Address) Titribles med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 2, 1934 Sillian R. Lavis	(Signed) Leveles 77 Secree M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		MEGELVEN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
----------------------------------------------------

1. PLACE OF DEATH	OF MARILAND	CERTIFICATE OF DEATH	07519
County 7 Vicamics	· ·	Registration Dist. No.	337
Village or City Lesterne	.///	No. St	Ward
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street a	nd number)
11 '	Spl Lys	ds. How long in U.S. if of foreign birth?yrs,	mosas.
(a) Residence: No. Suste	2 XXIII CON	CA Wand	
	(Usuat place of abode)	St.,Ward.  If nonresident give city or town	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATI	1
Temale Let.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 3 V
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	berts	22.   I HEREBY CERTIFY, That i atten	ded deceased from
. DATE OF BIRTH (month, day, and year)	1 -02 1886	Liast sawn La alive on July 4 19	3 Ydaath is said
. AGE Years Months	Days tf LESS than	to have occurred on the date stated above, at b Am.	22-1, 00001113 3010
48 1	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House will	and the state of t	0.0
9. Industry or business in which		The section	July
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)		+1-3
this occupation (month and year) facly []	234 spant in this 304	22	
2. BIRTHPLACE (city or town)	terrille elle	Other Contributory Causes of importance:	
(State or country)	2 4		
13. NAME Sidney 13. 14. BIRTHPLACE (city or town)	Muchey,		
14. BIRTHPLACE (city or town) (State or country)	unsury ?	Name of operation	
15. MAIDEN NAME	K formerous	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town)	tervelle 1	Accident, suicide, or homicide? Date of injury	
(State or country)	Ma	Where did injury occur?	
7. INFORMANT / A STAR	Marter Md	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION, OR REMOVAL	111 1 1 0 -	Mannor of injury	
Place - Julie Villa	Date	Nature of injury	<b>.</b>
9. UNDERTAKER WAS TESTING	isiely & sons	24. Was disease or injury in any way retained to operpation of deceased?	140
(Nuuless)	voure eyy	If so, specify	
20. FILED Oules 9 1934 (1P.)	11-11-11-11	(Signed) A LIVE & SULLI	V. L. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cercbral hemorrhage	July 5,1927	Perilonitis	3 days ago	
migrati V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	PACE FOR	FURTHER ST.	ATEMENTS	BY	PHYSICIAN
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# ARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Munguelo	Registration Dist. No. 333
Village or City Sklishury	No. 108 M. Sesselle St., G. Ward
Length of residence in city or town where deeth occurred 40 yrs. U mos	death occurred in a hospital or institution, give its NAME instead of street and symber)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Samuel Sciling	Smuch
(a) Residence: No. 10821. Isakella)	St., 9 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVERCED (windowed)  5. SINGLE, MARRIED, WIDOWED, OR DEVERCED (write the word)	21. DATE OF DEATH July 76 , 193 (4791)
HUSBAND of Corp WIFE of Cellian Irold Sough	22.   HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, end yeer) Och. 14, 1855	I last sew h. Lee elive on 2 4 5 19 5 death is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 24 451m.
78 9 /V 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ohno my ve auletis 133
work was done, as SILK MILL, SAW MILL, BANK, etc	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Totel time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Author (Miles)	Other Contributary Causes of importence:
II 13. NAME Janes J. Anisch	Cyclitic
13. NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Lefuca fayerait  16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT S. S. Speck & M.	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Allahuy, M. J.  18. BURIAL, CREMATION, OR REMOVAL b.	
Place Taisma Enely, Februarie 7/48/31/19	Manner of injury
19. UNDERTAKER I Solil K John G. (Address) Salishund, M.J.	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED July 28,19 34 & May Junes Registrar.	(Signed) M. D.  (Address) Sufferly M. D.
• //-	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.

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Example I	-11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	IAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07522
1. PLACE OF DEATH	(19)
County Wixomis	Registration Dist. No. 17 33 6
Village or City Loelman R703	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Liver ann Ting	
(a) Residence: No. Allana (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July / 103 4
5e. If marriad, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceesed from
(or) WIFE of Clisha Lingle	19 to Int 19 1924
6. DATE OF BIRTH (month, day, and year)	I last saw h elive on, 19; deeth is said
7. AGE Yaers Months Deys I If LESS than	to have occurred on the date steted ebove, atAh.
7 14 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related courses of Importance
O J   Ormin.	were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, A SAWYER, BDOKKEEPER, etc	Try fry Junny Mys-
SAWYER, BDOKKEEPER, etc	Cardelor 1 7m
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Kind of work done, es SPINNER,  Kind of work done, es SPINNER,  SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc.  10. Date deceased lest workad et  11. Totel time (years)	-
this occupation (month and spent in this occupation caupation	
Jacob Control	Dther Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	
(Stete or country)	Souls ablation of heart for men
13. NAME Senfamir Lyga	Inhundred he heat & exesternt
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Many J. Mallox  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to axternel ceuses (VIOLENCE) fill in elso the following:
I S PIDTURI ACT (city or Avera)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	
al-0 + e	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Allman (R 7 10 3)  18. BURIAL, CREMATION, OR REMOVAL STREET LES Propositions (Address)	
2. 0	Manner of injury
Pleca Melana Com Data Grady 3 , 1934	Neture of Injury
19. UNDERTAKER Hill S- Hand	24. Was disease or injury in any way releted to occupetion of deceased? 200
(Address) Jelman Leal	If so, specify
	1 1 - 1

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG 4 1934 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

ADDITIONAL SE	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(24)
County Willemier	Registration Dist. No. 337
Village or City Transber eld	No. St. Ward
Length of residence in city or town where death occurred / Zyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
0 6 11 14 1	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME OM HO GENERALINA	4
(a) Residence (No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
male foot: OR DIVORCED (reviet the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Maryers of hear Journey	22.   I HEREBY CERTIFY That i amended deceesed from
10/	5 10 10 13 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Naars Months Days If LESS that	7 I last saw h alive on 19 ; deeth is said
ahash by 7 7 Iday,	To make the time data stated above, at a part of the p
ormin.	were Stollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Missississississississississississississ	Contone of June 195:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
yaar)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / MOW / Hill,	po fluid
(State or country)	- Delalation of
14. BIRTHPLACE (city or town) - Summer Hill	Head.
14. BIRTHPLACE (city or town) 2 2000 Mg	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME History Black	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
E (Stata or country)	Where did Injury occur?
17. INFORMANT Jobent Ellen Jownsens	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jykstein Uff Date July 19	Matura of Injury
19. UNDERTAKER May to Messiet & Jones	24. Was diseasa or injury In any way related to occupation of deceased?
(Address)	If so, specify
DILL OTHER	(Signed) A Colley della M. 10
20. FILED Registrat.	(Address) D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon	1		
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor- state UPA-	1. PLACE O		OF MARYLAND-	-CERTIFICATE OF DI	EATH 07554
	County	Micomica		Registra	tion Dist. No. 333
should of OCC	Village or		Salisbury	No.  If death occurred in a hospital or institution, give its N	St 9 Ward
200	Length of ra	sidence in city or town where	death occurred 17_yrsmo	sds. How long in U.S. if of foreign birth	?yrs. mos. ds.
ND. Every VSICIANS statement	2. FULL NA	ME Joshu	a D. Trade	¥	
PHYSI ct stat	(a) Reside	nce: No. Near	Salisbury Ro. (Usual place of abode)	utest, 2 Ward.	
RECORD PHYS Sxact sta	PERSOI	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICA	ATE OF DEATH
E X	3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July	22 193 4
C T L	5a. If married, wido	wed, or divorced	Itidowed	(Month)	(Day) (Year)
RMANEN X A C T I classified.	HUSBAND of (or) WIFE of	alevia 7	R. Trader	22. I HEREBY CERT	That I attended decaased from
E y c		(month, day, and year)	January 3, 1843	I last saw have aliva on July	22, 1937; death is said
IS A F stated properl	7. AGE Ya	ars Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1	
IS A PEI stated E properly certificate.	9	/ 6	/9 ormin.	The PRINCIPAL CAUSE OF DEATH and related were as follows:	causes of importanca
HIS be be of	kind of SAWYER	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc	Parming	A P	T. Kendan
ould may back	< ■9. Industry or	business in which es done, as SILK MILL,	D	5 proms region	leo.
	SAW MI	LL, BANK, etcsad last worked at	11. Total tima (years)		
o t m H		upation (month and	spent in this	,	
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (c	ity or town) Pot	tsville.	Othar Contributory Canses of Importance:	Dad. 7/21/2
AD sed.	(State or cou		naryland	of alemoning !	121/3
UNFA supplied n terms, ee instru	13. NAME	Billian	Prader		
	H to H	E (city or town)	icoraico	Nama of oparation	Data of
F 15 15	(State o	r country)	maryland	What tast confirmed diagnosis?	Was thara an autopsy?
	15. MAIDEN NA	1	" Livelley	23. If death was due to external causes (VIOLENC	
NLY, pe cal ATH nport	O 16. BIRTHPLAC	E (city or town) r country)	tales very	Accident, suicide, or homicide?	Date of injury, 19
Id be DEA'	17. INFORMANT	Jena 1	racle	Whare did injury occur?(Specify cit Specify whather injury occurred in INDUSTRY, in	ly or town, county and State) n HOME, or in PUBLIC PLACE,
E PLA should OF D	(Address)	- Valeis bre	Ey Ind # 2		
	18. BURIAL, CREMA	rsone am	Date July 24, 1934	Manner of injury	
WRITE mation s CAUSE TION is	19. UNDERTAKER	The Hill of 9	olmson, co:	24. Was disaase or injury in any way ralatad to o	ccupation of decease
- B	20. FILED Jul	4 2419 34	Maray Junes	If so, spacify (Signed)	man, M.D.
4		76	Registrar.	(Addrass)	lug my
		if more	blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting 71 S.	No x

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	J		
Other contributory causes of importance:		Other contributory causes of importance:	-13
Gallstones	May 1,1923	Gastroenteritis	1 year
The property of the party of th			
			1

1	. PLACE OF DEATH	CERTIFICATE OF DEATH 07535
	County Micopuses	Registration Dist. No. 333
	Village or City Salisbury	No. 12/ W. Locust St. 13 W.
		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2	FULL NAME Still form To	in the state of th
	(a) Residence: No. 121 IV. Locust St. Sal	iskuy Bward.
V	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	Male I Shile 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay)  (Year)
Se.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
e 1	DATE OF BIRTH (month, dev. and year) July 30, 1934	last saw h. deaphive on allendance 19 death is
7. /		to have occurred on the date stated above, at // m
	0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
NO	8. Trade, profession, or perticular kind of work done, as SPINNER,	Date of or
CCUPATION	9. Industry or business in which	Still Join
SUP.	work wes done, as SILK MILL, SAW MILL, BANK, etc	Caush unsknowing
00	10. Oete deceased lest worked at this occupation (month end year)	
12.	BIRTHPLACE (city or town) Salisbury	Other Contributory Causes of importance:
<u>~  </u>	(State or country) Mg. Off.	Prymature 3 mos
THER	13. NAME Welliage . Smill	(Fretus)
FAT	(State or country)	Name of operation Dete of
ER.	15. MAIDEN NAME Lilliam XI on de	Whet test confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or town) Micronica Co. M.S.	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
	(State or country)	Where did Injury occur? (Specify city or town, county and State)
	(Address) Salisbury Ind.	Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18.	Plece Lawrence pressure page 30, 1934	Manner of injury
19.	UNDERTAKER William Chrkitt (activ	Nature of injury
	(Address) Salisbury, Ind	If so, specify
	FILED July 3 1934 Dr. May Junes	(Signed) & May June Jocal Gent

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are weeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registration Dist No.	700
Ademisula Teneral Hospita	Ward
death occurred in a hospital or institution, give its NAME instead of street and in death of the death of the death of the death occurred in a hospital or institution, give its NAME instead of street and in death occurred in a hospital or institution, give its NAME instead of street and in death occurred in a hospital or institution, give its NAME instead of street and in death occurred in a hospital or institution, give its NAME instead of street and in death occurred in a hospital or institution, give its NAME instead of street and in death occurred in a hospital or institution, give its NAME instead of street and in death occurred in a hospital or institution, give its NAME instead of street and in death occurred in a hospital or institution, give its NAME instead of street and in death occurred in the death occurred in t	
/ · \/	osds.
Truell	
St., Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	./
(Marth) (DAY)	, 193 (Year)
	(,,,,
22. I HEREBY CERTIFY That t ettended	deceased from
	,
	; death is said
to have occurred on the dete steted above, at7a_m,	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of one of
Coronary Embolian	1/27/34
0	7 7
Other Contributory Causes of importance:	1
mesutine antolesan	7/11/34
	7
Name of operation approducting Dete of T	-11-34
What test confirmed diegnosis? Clinical Was there an a	•
23. If death was due to external ceuses (VIOL ENCE) fill in also the following	
Accident, suicide, or homicide? Dete of injury	
Where did injury occur?	, 10
(Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	e)
Specify whether injury occurred in INDOSTRY, IN HOME, OF IN PUBLIC PLA	ACE.
\$\$	
Manner of injury	
Neture of injury	74
24. Wes disease or injury in any way releted to occupation of deceesed?	n
If so, specify	*
(Signed) L. G. Radmaker	M. D.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		[03V:13736]]	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
----------------------------------------------------

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County McComila	Registration Dist. No. 333
Village or City Saleslung	No. It masse St., 9 Ward
(/)	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long lo U.S. if of foreign hirth?
2. FULL NAME Marie veralles	972
(a) Residence: No. west maine Stables	St., 9 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH July 8 1934
male a.a. maned	(Month) (Day) (Yaar)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of Jasephine Venalles	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (month day and year) about 1879	Plast sew hour aliva on July 8 1,1934; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the data stated obove, at 4 1 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular	Wera as 1000WS:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 1 1 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)  11. Total time (years)  11. Total time (years)	Chronic Interspetial Rephritis "inspon
Date daceased last worked at the this occupation (month end for spant in this spant in this occupation occupation occupation of the third occupation occup	
	Other Coatributory Causes of Importanca:
12. BIRTHPLACE (city or town) Authority (State or country)	(6-29-3N
13. NAME Files arraphles 14. BIRTHPLACE (city or town) Salishury	7,7,500
4 14, BIRTHPLACE (city or town) Daleshury	Neme of operation
(State of country)	What test confirmed diagnosis? Clusical Was there an autopsy? Mo
15. MAIDEN NAME Amanda Hearn  16. BIRTHPLACE (city or town) - Salvaliusy	23. If death was due to external causes (VIDLENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town) Salisling	Accidant, suicide, or homicide? Dete of Injury
- Total al County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jacob Johnson Genglijes.	Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Haunton Cesar Dete July 10, 1934	Nature of Injury
19. UNDERTAKER Joseph Stewart	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED July 10, 1934 W May Jume	(Signed) G. J. Journe M. D.
Registrar.  If more blanks are needed, address State Registrar.	(Address) Sum But G

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroentcritis	1 year

PHYSICIANS should state

should be stated EXACTLY. properly classified.

AGE

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA.

B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07528
	82-0) 222
County Aucomico	Registration Dist. No.
Village or City Latesbury	No. 3 6 Mulchell St., J. Ward
Length of rasidence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2 FULL NAME Teonard Hrank	ford
(a) Residence: No. 306 Mattelled (Usual place of abode)	St., S Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Thate Widowed	July 2 193 4 (Mopth) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Ohia May Work	1 HEREBY CERTIFY, That lattended deceased from
	Heat out by 19 9
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than	I last sew h alive on Aud 197; death is said
1 day,hrs.	to have occurred on the date stated above, at La QQI-m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
74 10 22 ormin.	ware as follows:
& Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	(Isenal remake) le/24/4
SAWYER, BUUKKEEPER, etc.	
work was dona, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and )	
year) KM Renotes occupation for know	
12. BIRTHPLACE (city or town) - Lees sex Courts	Other Contributory Causes of importance:
(State or country) Delaware.	
13. NAME Leonard 9. Ward	
13. NAME Leonard G. Ward  14. BIRTHPLACE (city or town) Luxue Country.	Mana of a sanking
(State or country)	Nama of operation
15. MAIDEN NAME Mary Pruitt  16. BIRTHPLACE (city or town) Servery County.	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) - Servery Country	Accidant, suicide, or homicide? Data of injury, [9
(State or country)	Where did injury occur?
17. INFORMANT Clifford Hard	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	
Paris Car Solika 7/5/24/ 1/3	Manner of Injury
Place Decection Cond. Massia 18 fee 1 / 19. 19.	Natura of injury
19. UNDERTAKER The Hill & Johnson Co.	24. Was disease or injury in any way related to occupation of daceased?
(Address) Valistyny, myl.	If so, specify DO
20, FILED July 3 1934 & Thray Junes	(Signed) M.D.
Registrar	(Addrage) In line to Mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A LOCAL NO.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــــــــــــــــــــــــــــــــــ		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.

1. PLACE OF			10 2	CERTIFICATE OF DEATH	
	EATH		W. 11	(13-P)	6 n n
County /	comy ly	0		Registration Dist. No.	333
Village or City	Salich	my Mi	9	ND. 214 Mace St	13 W
Laneth of resident	i altu a taur taur	/	2 (1	death occurred in a horpital or institution, give its NAME instead of street	and number)
	e in city or town where d	ath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mos
2. FULL NAME	Couraig	Dre	innel	a / that fill De	/
(a) Residence:	No.214, 18a	a		St., B Ward Salesbury 1119	
PERSONAL	AND STATISTIC	(Usual place of		If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
		5, SINGLE, MARR		21. DATE OF DEATH	H
Mal.	W1.1-		(write the word)	July 95	103 4
5a. If married, widowed, o	or divorced	1000	Ju-	(Month) (Dey)	(fear)
HUSBAND of (or) WIFE of		1		22. I HEREBY CRITIFED That I etter	nded deceesed fr
(-)	0	0		June 3 1034, 10 July 9	193
6. DATE OF BIRTH (mon	th, day, end year)	w. 8.	1927	Hast saw h elive on	3 ; deeth is s
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 5.43 Pem.	
6	, 7.		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	
8. Trade, profession kind of work	or particular	10	1	2 0 , 5	Date of of
F SAWIER, BUI	done, as SPINNER, OKKEEPER, etc.	corr.	17.	Clerk Doublory Dysent	my /2/
9. Industry or busin work was don SAW MILL, B.	ness in which ne, es SILK MILL, ANK, etc		/		
O ID. Date deceased la	st worked at	11. Total tim	e (yeers)		
this occupetion			in this ation	A Miles and A Section of the Control	
12. BIRTHPLACE (city or	town) - 5, 2	freguet	and a	Other Coutributory Causes of importance:	19 -
(Stete or country)	Salip	1/m	da	,	
I 13. NAME CILL	ie 814	mill	c /Kh	<b>.</b>	
13. NAME (City) 14. BIRTHPLACE (city) (State or comments)	v or town)	White	rille	Name of operation Dete	of
(State of Cour		lavar		Whet test confirmed diegnosis? Wes there	
15. MAIDEN NAME	Ketta ?	telen.	Donne	23. Worath wes due to externel ceuses (ViOLENCE) fill in eiso the folk	
16. BIRTHPLACE (city	ne town Rear.	Pren	roke	Accident, suicide, or homicide?	
State or cou		yland		Where did injury occur?	, 17
17. INFORMANT COL	u Bade	will.	White	(Specify city or town, county and Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC	State)
(Address) 21	1 Race &	t. Sal	when 9	d	o TENOL.
18. BURIAL, CREMATION,	1 10 /	10	11/-	Manner of Injury	
Place 4	were less	Date My	1937	Neture of Injury	
19. UNDERTAKER 34	llowas +	- 6.6.		24. Was disease or injury in any wey related to occupetion of deceesed	Zw
(Address)	hipy / n	rd		if so, specify	
20. FILED Seely	11 134 (	May	June	(Signed) Aug Mann	M
ZU. FILEU	-4-, 19-Jacobana	in half	Registrar.	(Address) Lalis try ma	1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	
- duistories	May 1,1925	Gastroenterius	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 07530
1. PLACE OF DEATH	23
County Wumaco	Registration Dist. No. 333
Village or Cityh Salubus	No. Md. 26. Sanctorumst, 13 Ward
2 0	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs,mo	s
2. FULL NAME May Clegabeth W.	elem
(a) Residence: No. Cuisfell, Ml.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3.SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Day) (Year)
5a. If married, widowed, or divorced	(month) (baj) (toai)
(or) WIFE of william R. wilson	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) Hay 1, 1888	I last sew hole elive on fully 4 , 195%; deeth is sein
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at #m.
46 2 3 s I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonay tutreulous 15 mm
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL. Clothing for clong SAW MILL, BANK, etc.  10. Date deceased last worked et 9/3/3 This preparation (month and	
10. Date deceased last worked et 9/3/3 II. Tkal time (years) this occupation (month and 1/3/3/3 spant in this	To
this occupation (month and 773/33   spant in this occupation	
PARTIES ACT (situat Acus)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Manyland (State or country) Manyland	
10'	
13. NAME Seven Kaul  14. BIRTHPLACE (city or town)	Name of operation Home Date of
(State or country)	The state of the s
15. MAIDEN NAME Hance Thomas	What test confirmed diagnosis? Was there an autopsy?
	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)  Manufactured	Accident, suicide, or homicide?
1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Jajury
Place Marines Modele 7/6, 1934	Menner of Injury
0.182	Nature of injury
19. UNDERTAKER AGUUSM	- I was discose of injury in any related to occupation of deceased:
(Audiess) Causality Miles	If so, specify Charles Water will
20. FILED Frely 3, 1937 & May June	m 1 7/ 12 - 15
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ogo Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1.1923 Gastroenteritis 1 year

[1]	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	RECORD	. PHYS	Exact sta	
INDING	RMANENT	XACTLY	classified.	
FOR B	S IS A PE	stated E	properly	certificate
SERVED	INK-THI	should be	t it may be	on back of
ARGIN RESERVED FOR BINDING	NFADING	plied. AGE	rms, se tha	instructions
•	WITH U	refully sup	in plain te	tant. See i
•	PLAINLY,	nould be ca	OF DEATH	very import
V. S. No. 1	N. BWRITE	mation sl	CAUSE	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CER	RTIFICATE OF DEATH
1. PLACE OF DEATH	2.5
County Witemuco.	Registration Dist. No. 333
Village or City alistery No	Md Interlulai Ranctest 13 Wa
332 (If death oc	curred in a hospital or institution, give its NAME instead of street and number)
6	ds. Yow long in U. S. If of foreign birth?
2. FULL NAME Desse wryajte	Kesidena 105 haylor sheet
(a) Residence: No. 2. Lubriculosis Sandors	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	ATE OF DEATH
OR DIVORCED (write the word)	July 21. 193 X
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of Cor Womante 224	I HEREBY CERTIFY, That I attended dacassad from
Jan	uny 27 p3x, 10 July 21, 193
or Date of Backet (Month, day, and yacr)	saw h_la_alive on
Tau bu	e occurred on the date stated above, at
ormin, were	RINCIPAL CAUSE OF DEATH and related causes of importance as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Pa Arieta	Y
SAWYER, BOOKKEEPER, etc.	ulmmany tutuelos 9 mos
kind of work dona, as SPINNER, freeton SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Searty for low SAW MILL, BANK, etc.  10. Date deceased last worked at 9/4, 5/3 at 11. Total time (years)  11. Total time (years)  12. Total time (years)	ais
10. Date deceased last worked at 9/2 5/3 3 11. Total time (years) spent in this 2 w	
Occupation October	Contributary Consea of Importance:
12. BIRTHPLACE (city or town) alemnae Co.	Contributory Consec of Importance.
(State or country) Tujunea	
13. NAME Flux E. Regging 14. BIRTHPLACE (city or town War Salah) Name	
14. BIRTHPLACE (city or town law Saluty Name	of operation Mene Data of Data of
(State of country) The acceptance What I	est confirmad diegnosis? Was thara an autopsy?
15. MAIDEN NAME Estella Ingle 23. If d  16. BIRTHPLACE (city or town) accommand 6. Accide	eath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) accomac . Accide	nt, suicide, or homicide?, 19, 19
(State or country) Puguna Where	did Injury occur? (Specify city or town, county and State)
الله الله المتحدد والمتحدد والمتحد والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد	y whither injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 13 Clay of Saliny Many 18. BURIAL, CREMATION, OR REMOVAL	
Margan of and teleplos 24	er of injury
91 11 01	e of Injury
13. UNDERTAINED	disease or injury in any day related to occupation of deceased?
0 1 22 1611 11 11	specify Carles & Seen Con
20. FILED & July 19 19 10 X	(Address) Ma Lutuculosis Sanales
Registrar.	Charles Street, Baltimore, Requesting U. S. Del 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FUR	THER STATEMENT	SBY	PHYSICIAN
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V. S. No. 1.

Z .

PLACE OF DEATH	STATE OF MARYLAND
7/ ' '	© CERTIFICATE OF DEATH
County Niconuso	333
ma Co	Registration Dist. No.
Salesbury Me Le	unsile Surgal Fre Get al genth occurred in
Village or City	a hospital or institu- ion, give its NAME in-
(Page Land 5) 1 71/	-tend of street and
SILL'2 FULL NAME	Aumber.)
TOTAL TARREST CAL BARTICIU ARC	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH A
3 SEX A COLOR OR RACE 5 SINGLE, MARRIED.	Duel Down 1634
male   WIDOWED OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the decased from
6 DATE OF BIRTH	alludde north, at Dart 192
40, 96 434	that I last saw h aliva on 192,
(Month) (Day) (Year)	The town
7 AGE / If LESS than	and that death occurred on the data stated above, at
diller de l'ay	The CAUSE OF DEATH & was as follows:
Sallo min. ?	De peroloper
8 OCCUPATION	Course !
(a) Trade, profession or particular kind of work	cord to achien to Horpeled
(b) General nature of industry	**************************************
business, or establishment in	
which employed or (employer)	Contributory
State or country)	Secondary
Maryland	(Duration)yremoe de
10 NAME OF SL.	(Signed) M.D.
John Mreght	7/21 193 4 (Address) Daily my
11 BIRTHPHACE OF FATHER	*State the Disease Causing Death, or, in deaths from
W (State or country) / Deservación	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Domicidal
2 12 MAIDEN NAME OF MOTHEW	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a Unue seuch	ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrsmos da. State,yrsmosda.
(State or country) Unfunc	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Saly weight	Former or usual residence
61, 520	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Edee / // X	10 0 Or altantity Carly 31.24
16 0 1 41 21 (1 1)	26 UNDERTAKER OF ADDRESS
Filed July 3/ 1984 V. May Jumes	Total Cent Coll 1
Registrar	slower ned carry ma.
f more blanks are needed, address State Registrar.	16 W. Saratoga St. Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Never return "Labover," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it nature of the business or Industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Fermer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques eupation is very important, so that the relative health tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer: Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. Civil engineer. Stationary firemen, etc. But whatever, write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-As examples: (a) Aurum at

Eta.coment of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (greid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia."

> ......(name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; Examples: Accidental decorning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhausticu." "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" Chronic valvular heart ("Congenital," "Senile," etc.), "Anaemia" "Coma," Measics; The nadisease; (disease (merely (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.